Organized by



5-Days International Workshop on

Additive Manufacturing



Registration Form

Name (in block letters):	
Highest academic qualification:	
Designation:	
Department:	
Name and Address of institution/organization:	
Faculty R & D Establishment Industry	y Foreign Delegate
Student : Ph.D. PG UC	ĵ
Address for communication:	
City: State:	Country:
Mobile No.: E-n	nail ID:
Accommodation Preference: Required Not Required	
Free boarding and lodging will be arranged atinstitute guest ho	use/hostel.
Registration Fee D	etails:
Internet Banking Demand Draft	
Internet Banking Transaction ID/UTR	
Date of Payment Bank Name	
Demand Draft Details: D.D. No Amou	unt Rs
Demand Draft Issue Date: Bank Na	ame
Date: Place:	Signature of the Applicant
Sponsorship Certi	ficate
Mr./Miss./Dr./Profis	a bona fide faculty / employee / student
of our college / organization .He/she is sponsored to attend 5 D	ays International workshop on Additive
Manufacturing during March 12 to 16, 2018	
Date: Place:	Signature of Head of Institute with seal
(Scanned copies of Registration Form & DD / Payment details can be maile	ed in advance to hod.mech@avcoe.org)